

Transforming Primary Care Practices in a Hawai'i Island Clinic: Obtaining Patient Perceptions on Patient Centered Medical Home

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Abstract

Health care access is a significant problem for residents of Hawai'i Island who are experiencing a healthcare provider shortage crisis. Many residents must travel far for routine medical care, and in some cases to other islands. Hamakua Health Center, Inc., which operates from two clinical sites (Honokaa and Kapaau), is transitioning towards a Patient-Centered Medical Home care model. Through focus groups, a qualitative study was completed to obtain patient perceptions on Patient-Centered Medical Home. The Hamakua and Kohala Family Health Center staff were asked to recommend a list of patients from their respective health centers for focus group participation. In this sample (N=18), 67% of participants were female of various ethnicities. The participants' mean age was 62.2 (SD =14.3) years. Questions asked by the moderator were based on the American College of Providers' Patient-Centered Medical Home Assessment Tool.

The three universal themes generated by the focus groups included quality care, provider and health services accessibility, and communication and coordination. Health information technology was a topic that was explored in the focus groups, and encompasses all three themes. Communication is regarded as a key to receiving quality care. Participants suggested having a rotation of specialists flown-in regularly from O'ahu to improve care quality. Technology is appreciated as it can streamline the information exchange process, and increase the patient's access to health services. There is unanimous concern regarding confidentiality and privacy. It is imperative that the health centers keep patients informed as they make their transition.

Keywords

Patient-Centered Care, Medical Home, Health Information Technology, Focus Groups, Quality Care, Qualitative Research, Hawai'i Island.

Introduction

Health care access is a significant problem for residents of Hawai'i County.¹ There are approximately 40% fewer licensed healthcare providers than the county should have to adequately meet the population's needs.^{1,2} Patients endure lengthy wait times for an appointment to see a healthcare professional.¹ Many residents must also travel far for routine medical care, and in some cases to O'ahu for specialty care.¹

Hawai'i County was among 17 communities selected to serve as a pilot population for the implementation of health information technology (health IT) through the Beacon Community Cooperative Agreement program.^{3,4} To address the health care access challenges in Hawai'i County, the Hawai'i Island Beacon Community (HIBC) project, which serves under the Beacon Community Cooperative Agreement program, is facilitating a clinical transformation through implementation of the Patient-Centered Medical Home (PCMH) model within provider practices. In addition, HIBC is implementing the use of care coordinators through a public/private partnership with Federally Qualified Health Centers and private practice physicians, and improving discharge planning at the three Hawai'i Island acute care hospitals.³⁻⁵ HIBC is also assisting providers in achieving meaningful use of electronic health records (EHR) within the PCMH model.¹

PCMH employs a comprehensive approach to delivering higher quality primary care.⁶ PCMH models have demonstrated improved health outcomes while reducing the cost of care.^{6,7} The greatest cost-saving venue in PCMH models have been the reduction in hospital and emergency department admissions.⁶ PCMH focuses on whole-person care by taking into account the emotional and psychosocial aspects of illnesses.^{8,9} The major components of the PCMH model include:^{5,7,8}

- Partnerships between the patient, family, and their provider
- Provider-directed, team-based care
- Whole-person orientation
- Care coordination
- Quality and safety
- Enhanced access to care
- Recognition for the value of PCMH utilization through payment

Hamakua Health Center, Inc., a community owned and governed federally qualified health center (FQHC), is one of the HIBC project participating organizations.^{5,10} Hamakua Health Center, Inc. has two clinical sites: Hamakua Health Center (HHC) in Honoka'a and the Kohala Family Health Center (KFHC) in Kapa'au.¹⁰ Both sites are working to implement and/or improve the PCMH components identified above. At the core of patient-centered care is the respect and value for patients. Thus, both clinics believed that it was important to have patient involvement during this transformative process. The purpose of this project was to utilize focus groups to obtain patient perceptions on specific components of PCMH to aid in its implementation at the health centers.

Methods

The HHC and KFHC staff recommended a list of patients whom they believed would be active focus group participants. All individuals recommended were sent an invitation letter followed by a phone call. Eight of the 25 recommended patients from KFHC, and ten of the 34 patients at HHC were participants.

This project was approved by the University of Hawai'i at Manoa Committee on Human Studies. Four focus groups were conducted, and each participant attended in only one session. All participants received lunch, and a small wooden case with the HHC logo. The questions asked by the moderator were based on the American College of Providers' PCMH Assessment Tool (See Appendix).¹¹ All participants spoke English, and no interpreters were needed. Focus groups were audio recorded with the participants' knowledge and consent. All comments were captured through note-taking in a Microsoft Word document that was projected onto a screen. Audio recordings were

transcribed into another Microsoft Word document and analyzed alongside the notes. Themes were generated and determined through consensus between the authors. Illustrative quotes from the participants were selected to highlight key themes.

Results

In this sample ($N=18$), mean age 62.2 ($SD=14.3$) years, there were more females (67%) than males (28%; 5% missing) although relatively equal populations by gender were invited. Participants were asked to select one ethnicity, but some individuals from diverse backgrounds chose multiple options. Therefore, the following breakdown depicts participants who are one or more of these ethnicities: 38.89% Caucasian, 33.33% Hawaiian, 16.67 % Japanese, and 5.55% each (Latino, Portuguese, Filipino, Other).

The central themes from the focus groups were quality care, provider/health services accessibility, and communication and coordination with and among providers and staff. Health IT was a topic that was explored in the focus groups, and encompasses all themes. Figure 1 shows a patient-centered care model that is based on the data from the study.¹² This model places the patient at the core of the health centers' services and integrates

the various healthcare professionals desired by the patients around them.

Quality Care

The sub-themes related to quality care can be summarized as a desire for quality relationships with providers, continuity of care, and a whole-person approach to receiving care. How the participants perceived the quality of their care was unanimously determined by the patient-provider relationship. Quality was described as the perceived interest the provider has in a patient, which allows one to develop trust and have confidence in the provider's knowledge and decision making ability. Patients want to feel like the provider is involved and cares about them, which does not occur when the doctor is focused on the computer. Providers improve the patient connection by making eye contact, employing active listening skills, and using effective communication skills. Participants indicated that they want to be part of shared decision making and to gain a greater understanding of what their test results mean.

"Respect and trust. If you have confidence in the physician then you have trust."

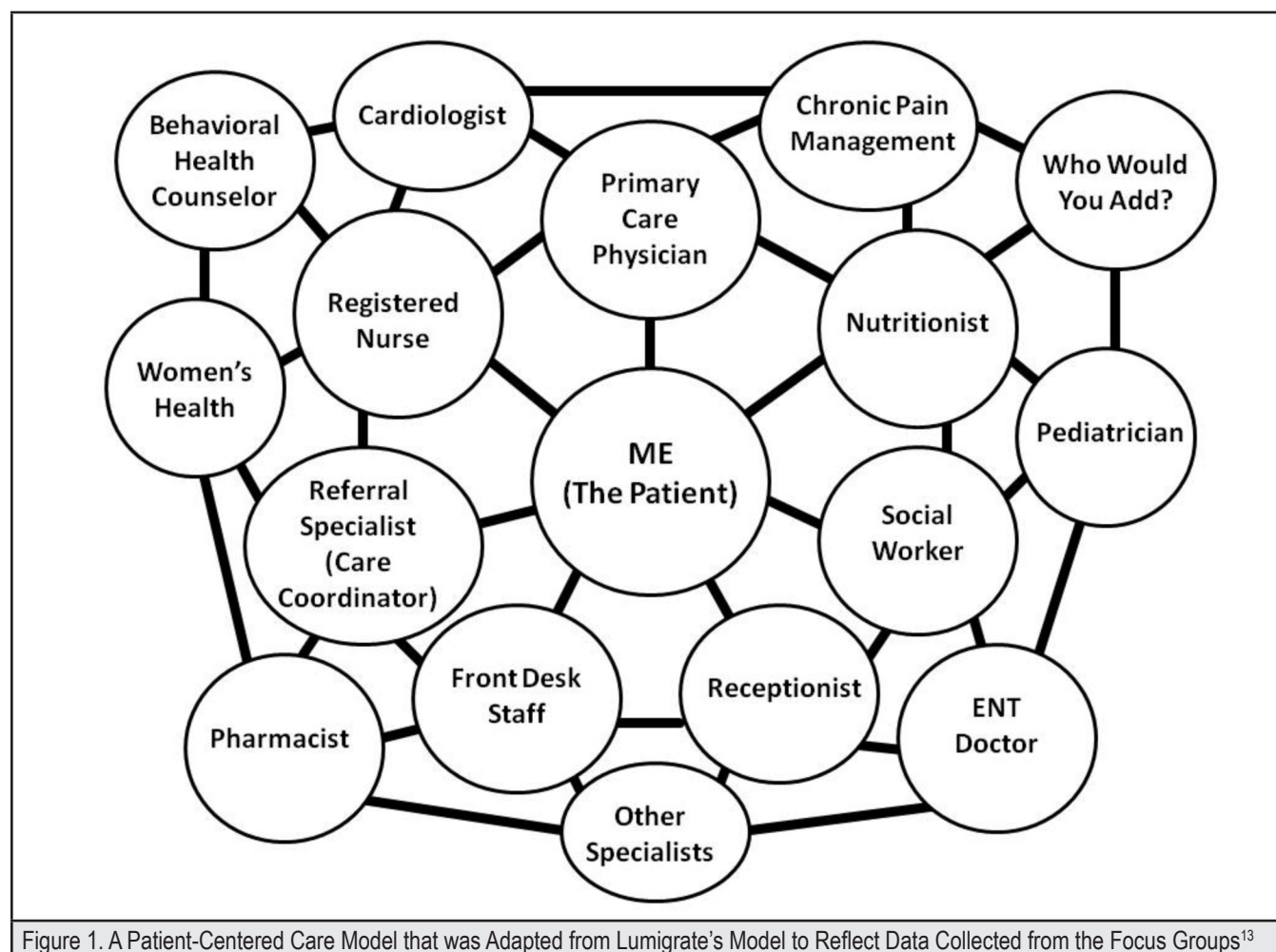


Figure 1. A Patient-Centered Care Model that was Adapted from Lumigrate's Model to Reflect Data Collected from the Focus Groups¹³

Seeing the same physician instills a perceived continuity of care. While participants acknowledged the difficulties associated with delivering care in the clinics, such as the high turnover rates of providers, they believed that the provider retention issues leads to fragmented care. From a participant perspective, having continuity within care instills the belief that patients are receiving quality care from a physician who knows them and their individual needs.

"If [my] doctor goes on vacation, I don't see him until he comes back. I don't want to make another appointment and see another doctor if they don't know [anything] about me. I would feel very uncomfortable."

"It's better to see one doctor because they know the history of your life. When you see a number of different [PCPs] it is complicated, because you have to repeat yourself."

Participants understood the complexities associated with caring for individuals. They believed a comprehensive diagnosis in which the provider examines the whole person and other health related factors is important.

"I asked if Hamakua [Health Center] could hire an ENT doctor. It's important, because sometimes it's not that you need a hearing aid... it's some kind of hearing disease [or] some kind of medical problem."

Access

Participants recognize that there is a profound need for specialists. They discussed the physician shortage on Hawai'i Island, and they feel the resulting burden from the lack of specialist availability. It is a significant problem for patients when they have to travel off-island to receive specialty care. Participants stated that they would appreciate a rotation of specialists coming to them.

"A lot of us are held back from going for that second opinion or for that follow up... to maintain the best possible health, because we [can't] go to Honolulu... the plane fare is too expensive."

The majority of the participants agreed that there are long wait times to obtain health center services. Participants discussed that when an appointment has not been made in advance, and a patient would like to seek services on the day that they feel ill, there are often long wait times or no available slots. They recommended increasing urgent slots in the schedule or improving staff triage capabilities.

"The [health centers] are so busy... what do you do? My answer was go to the ER or go to the fire station. Many in our community may be receiving their health care like that... That might not be the way [to do it], but individually for them it works."

"There's a point when you just go to the emergency room and you can get it done right now."

Transportation is another barrier to receiving services, especially for the elderly. Many patients must commute for their care; traveling, even if on-island, presents a challenge. Community members often help transport friends from Kohala to Hilo for appointments, because they are elderly and not well enough to sit on the bus for such a long time.

"Another thing is transportation. They have a bus driver [here], but it's not that quick. [Elderly] people don't drive, but some people cannot ride long distances. By the time they go there, they are exhausted, but they need the transportation."

"The further away I have to go, the worse I'm going to feel."

"Sometimes it can just be to get from three miles out to the [health center or pharmacy]."

Communication and Coordination

Communication and care coordination include a desire for informed communication and a team approach to care. Front desk staff is seen as having an important role with improving access to care, because they are the first point of contact. Participants believe that proper training and monitoring of staff is important. Some patients feel that receptionists will ignore them if they call too much or become too assertive.

"To get through to the primary care provider, I need to get through the staff. Getting through the wall to the doctor can be a problem."

"If I were sitting in a reception room waiting to see a doctor and I had a cold, but wasn't ready to pass out... and I saw somebody and they seemed to be short of breath... the [staff] could say, 'Excuse me... we seem to have someone here who needs more help' and I would say 'Please go ahead'."

Patients believe that it is important for the staff to communicate about what is happening at the clinic, and to inform patients if they are behind schedule. Participants suggested having options, such as being allowed to leave the clinic and return in an hour. However, they felt that if a patient is late by more than 15 minutes and the doctor is ready, they should be required to reschedule their appointment.

Participants discussed the need to have more health education resources that could be read while waiting for an appointment in the clinic. They reported being interested in such topics as medication reviews and nutrition information.

Participants believe that a team approach to care is important. The expertise they recommended coordinating were primary care providers (PCPs), specialists, nutritionists, social workers, and pharmacists. Specialties identified were chronic pain, women's health, pediatrics, cardiology, and ENTs. Participants also believe that care should be culturally sensitive, especially for non-English speaking, conservative groups.

"It is very problem oriented now. You come in for the complaint, but you're never asked about what's going on in your life. A lot of disease is Dis-Ease.... We need more input about what's going on in the family."

Participants acknowledged that they are often their own advocates, which means that they are the ones on the phone coordinating their care. When it comes to coordinated care, there was uncertainty about having doctors share information. They discussed the benefit of having doctors collaborate, especially for complex cases. Registered nurses are seen as an important part of this team to help keep doctors informed. Most patients want to work directly with their PCP, even if their PCP is simply coordinating their care with other providers. However, some patients thought that if the provider has established a long term relationship with them, they might overlook important details that a team of providers would not.

“Maybe one day a week have chart reviews. You should have a flow sheet that tells you what everybody needs every year... and what their [most important] problems are so you know what everybody needs [ahead of time].”

Behavioral health was not widely accepted as a coordinated health service. Patients believed that in a small community it is more difficult to engage in mental health services due to issues surrounding confidentiality and trust. It was believed that in a team setting, personal issues that a patient shares with their provider could become public knowledge in a small town.

Meaningful Use of Electronic Health Records

Electronic Health Records (EHRs) are perceived as inevitable, but participants were uncertain of security risks. Questions posed by participants included:

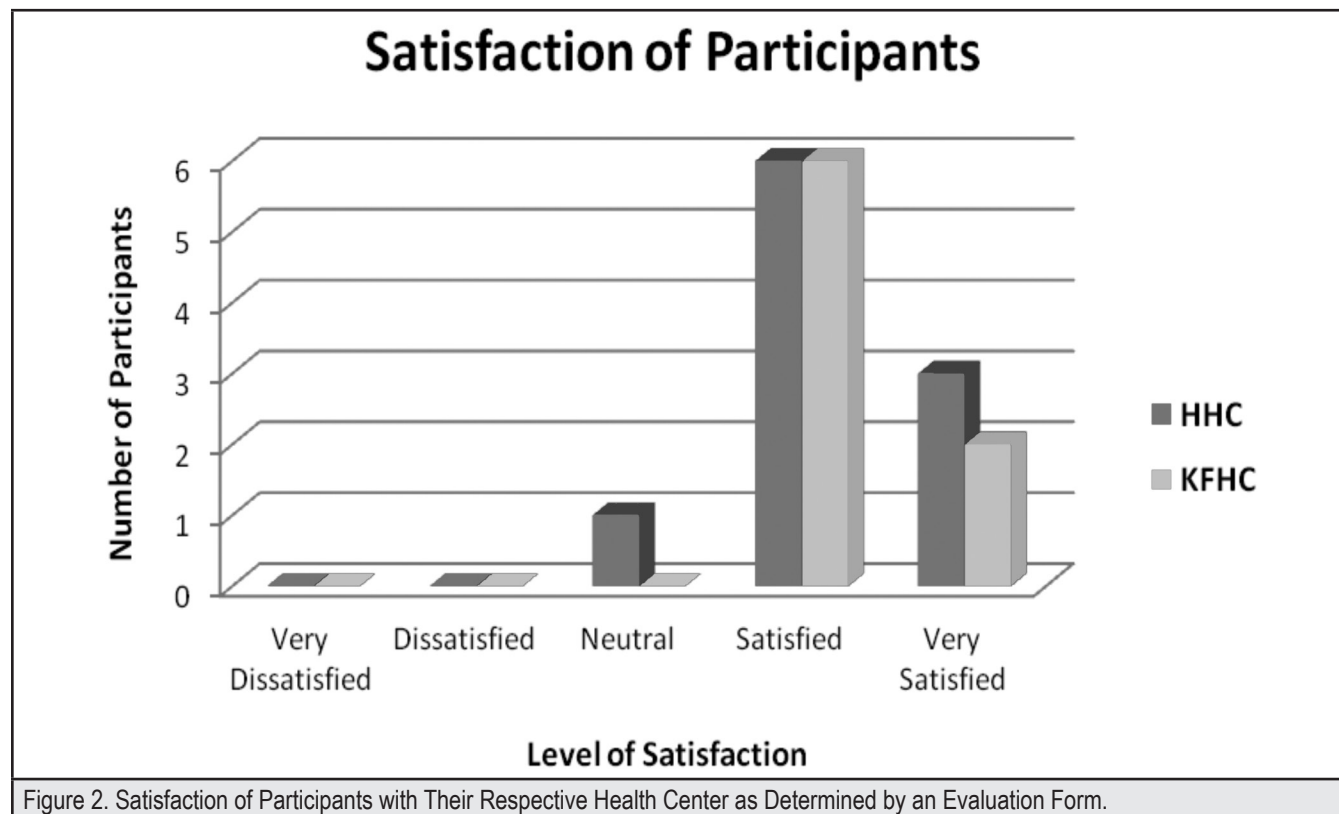
- Who has access to EHRs?
- Does the government have access?
- What will the information be used for?
- How can the health center ensure that the information is not misused or accessed without permission?

Patients believed that they should be able to choose who views their information and how that information is shared. They believed that basic information exchange is acceptable, but are concerned about inappropriate disclosure of personal information (ie, social security number).

Not all patients use computers. For frequent computer users, e-mail would increase their access to healthcare professionals. Participants noted that they would like to correspond with their doctor electronically about how a treatment is working or lab test results. Participants discussed the benefits of a health blog, where they could direct questions to healthcare professionals. Participants even suggested using Skype to increase access to healthcare providers.

“I had a little bout of pneumonia... and I had the [provider’s] e-mail. I could let her know that the antibiotic she gave me was working.”

Figure 2 shows the satisfaction level of the participants. It shows that most patients are satisfied with the clinic’s services.



Discussion

With limited to no knowledge of PCMH, participants were able to discuss vital concepts of patient-centered care. The focus group's three universal themes (quality care, access, communication, and care coordination) and their inclusive topics are parallel to key concepts of the PCMH model (patient-provider partnership; provider-directed, team based care; whole person orientation; care coordination; quality/safety; and access to care).

When this project was conducted there was no known study that had obtained patient perceptions on PCMH. Since that time, one study was published with patients from an urban academic internal medicine practice.¹³ Participants (N=17) were asked about how patient-centered care should be as defined within the following themes: care quality, teams and access, diabetes self-management, and community connections and services.¹³ The overarching themes identified in the study were communication, structure of practice, and ownership of care.¹³ Patients within this practice wanted providers to know them personally and to take time to listen to their issues.¹³ They felt that there was a lack of access to their providers, and they wanted more time with them.¹³ Participants in this study also placed an added emphasis on trust and patient-practice/patient-clinician relationships.¹³ The results from this study suggest that PCMH concepts may be understood and applicable in both urban and rural areas. The results from the study on Hawai'i Island, which collected data from patients of a FQHC in a rural area, aligned well with those obtained from the study conducted by Berckelaer et al, in an urban practice setting.

Technology is appreciated in the way that it can streamline the information exchange process between providers and other health services. Most patients do not like the doctor's attention being fixated on the portable computers in the exam rooms. They want to feel like the doctor is listening, and it is ultimately the doctor's body language and behaviors such as making eye contact that suggests the patient has their attention. Among participants, there was unanimous concern regarding confidentiality and privacy. It will become imperative as the health centers move forward in their implementation of PCMH that information is effectively communicated to the patients regarding the EHRs, how it is used, and what it means to patient care.

Limitations

Due to time and budget constraints, only four focus groups were conducted. Participants were a selective sample, chosen by health center staff. More focus groups should be conducted with a randomly generated group of participants until data saturation is achieved. The health centers have many patients who do not speak English, and it would be worthwhile to capture their perceptions. Non-English speaking patients or patients who are younger than this sample population may offer insights that differ from those obtained in this study. For example, younger participants may have different attitudes and beliefs

toward technology in health care. Due to work commutes, it was difficult to obtain participants from younger generations. As the Hawai'i Island healthcare system continues to transform its delivery model it will become important to obtain patient insights from other geographical regions.

While Figure 2 shows overall satisfaction, participants were recommended based on who the health centers believed would be active participants. This may have created a selection bias in the data obtained on patient satisfaction, and non-participant populations may have differing perceptions. However, there was consensus among participants that having the clinics has given them more than they've had in the past.

"I'm so grateful to Hamakua [Health Center, Inc.] and the collaboration between Kohala and Hamakua.... It has sustained us from having nothing to having something."

Conclusion

Based on their own experiences, patients are able to foresee the need to implement PCMH concepts. Building a medical home within the clinic's practice would strengthen the delivery of primary care and coordinated services for this rural, underserved population. PCMH would increase the patient's access to services and specialty care. This project serves to illustrate how HHC and KFHC patients perceive PCMH, and what they want from their providers and the clinics. Due to the small sample size, and the geographic region of the clinics, data from this study may be less applicable to other populations. However, it has potential value to other practices on Hawai'i Island who share similar challenges in providing care. As health care delivery changes, the mainstream of information exchange should become a two-way process between patients and their providers. Patients should be included in this transformative process to ensure that their concerns are addressed, their needs met, and their values upheld.

Conflict of Interest and Disclosure Statement

None of the authors identify any conflict of interest. Susan Hunt reports serving as a former CEO for Hamakua Health Center, Inc. She is currently the CEO for the Hawai'i Island Beacon Community non-profit corporation.

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Focus Group Questions

Patient-Centered Care & Communication

1. If you could design your own health care system that centered on you as the patient, what would it look like? (*Take Cues from this question)
 - a. What for you, is the most important part about the care you receive?

Access & Scheduling

1. What ideas do you have that would improve access to your health care providers?
 - a. Do you feel like the providers are available to you?
 - i. Are you able to see or speak to your provider when you need him/her?
 - b. How much does it matter to you that you see the same provider?
 - c. How easy is it to obtain an appointment?
 - d. Do you have to wait a long time?

Organization of Practice

1. What do you think about having a team of health care professionals providing your care?
 - a. Who would you want on this team?

Care Coordination & Transition in Care

1. If you need care from someone other than your primary doctor, how is this process typically handled by your provider?
 - a. What suggestions do you have to improve this process?

Use of Technology

1. How do you feel about the use of electronic medical records?
 - a. What other uses of technology do you believe are important in providing care (i.e. sharing info beyond office)?
 - b. Are there technologies that you have heard about that you think we should be aware of or use?

Quality Improvement & Performance Improvement

1. In your mind, what determines the quality of the care you receive?

Appendix. Questions Used in Focus Group Discussion.

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